

## FRANKLIN COUNTY PLANNING & BUILDING CODES DEPARTMENT

321 West Main Street Frankfort, KY 40601 Phone: (502) 875-8701 Fax: (502) 875-8737

Fax: (502) 875-8737 www.franklincounty.ky.gov

OFFICE USE ONLY
Received:\ Payment Amt:\$ Receipt #: Meeting:

## APPLICATION FOR TEXT AMENDMENT

<u>GENI</u>	Tentative Zoning Update Committee Date:  Tentative Subdivision Update Committee Date:  Tentative Planning Commission Date:  ERAL INFORMATION
1. Ap <sub>l</sub>	plicant Name:
2. Ma	iling Address:
Ho	one Number: me: Work: : Email:
Amen	by request consideration of a Text Amendment as specified below: My Text dment Request pertains to: (check applicable box)  Zoning Ordinance- Please Complete Section A below  Subdivision and Development Plan Regulations- Please Complete Section B below
Article (exam <sub>l</sub>	and Section Number of Zoning Code regarding proposed Text Amendment ole "13.15 Prohibited Signs")
	s this amendment needed?
Please if need	use the space below to note the proposed text change(s) requested (attach additional sheets ed):

## SUBDIVISION AND DEVELOPMENT PLAN INFORMATION

•	l Development Design Requirements")
Section Number (example: "2.0	2.02 Lot and Block Design Requirements"):
Subsection (example: "F"):	
Please describe in general terms sheets if necessary)	s the need/reason for this text amendment: (attach additional
Please use the space below to n necessary)	ote the proposed text changes requested (attach additional sheets if
FILING INFORMATION	
	ached to the application in order for the request to be processed: ke checks payable to Frankfort/Franklin County Planning
Date	Signature of Applicant

Note: The filing fee must be filed with the Frankfort/Franklin County Planning Commission at the Franklin County, Department of Planning and Building Codes by the deadline date.